

COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.
D-5050

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MULTIPLEX GENOMIC DNA AMPLIFICATION FOR DELETION

DETECTION
the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Thomas D. Paul
Rosanne Goodman and James W. Repass
Reg. Nos. 32,714 32,534 and 30,487, respectively.

Address all correspondence to: Patent Department, Fulbright & Jaworski, 1301 McKinney Street, Houston, Texas 77010.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor <u>Charles Thomas Caskey</u>	Inventor's Signature	Date
Residence <u>6402 Belmont Street, Houston, TX 77005</u>	Citizenship <u>USA</u>	
Post Office Address <u>Same as above</u>		

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Attorney Docket No.
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I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **MULTIPLEX GENOMIC DNA AMPLIFICATION FOR DELETION**

the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____

Application Serial No. _____ as

and was amended on _____

(if applicable)

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Prior Foreign Application(s)

			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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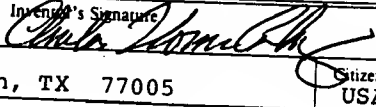
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
_____	_____	_____

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Thomas D. Paul**

Rosanne Goodman and **James W. Repass**
Reg. Nos. **32,714**, **32,534** and **30,487**, respectively.

Address all correspondence to: Patent Department, Fulbright & Jaworski, 1301 McKinney Street, Houston, Texas 77010.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Charles Thomas Caskey	Inventor's Signature 	Date 10/21/88
Residence 6402 Belmont Street, Houston, TX 77005	Citizenship USA	
Post Office Address Same as above		

Applicant or Patentee:

Serial or Patent No.:

Filed or Issued:

Attorney's

Docket No.: D-5050



**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION BAYLOR COLLEGE OF MEDICINE
ADDRESS OF ORGANIZATION One Baylor Plaza
Houston, Texas 77030

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, with regard to the invention entitled

_____ by inventor(s) _____ described in

- ☐ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____

ADDRESS _____

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Samuel S. Crocker

TITLE OF PERSON OTHER THAN OWNER Vice President for Legal Affairs

ADDRESS OF PERSON SIGNING One Baylor Plaza

Houston, Texas 77030

SIGNATURE Samuel S. Crocker DATE October 12, 1988

Full Name of Second Joint Inventor, if any Jeffrey S. Chamberlain	Inventor's Signature <i>Jeff S Chamberlain</i>	Date 10/11/88
Residence 3117 Carson, Houston, Texas 77035	Citizenship USA	
Post Office Address Same as above		
Full Name of Third Joint Inventor, if any Richard A. L. Gibbs	Inventor's Signature <i>Phil Gibbs</i>	Date 4/1/88
Residence 3602 Gramercy, Houston, Texas 77025	Citizenship Australian	
Post Office Address Same as above		
Full Name of Fourth Joint Inventor, if any Joel E. Ranier	Inventor's Signature <i>Joel E. Ranier</i>	Date 10/11/88
Residence 2100 Commonwealth R, Houston, Texas 77006	Citizenship USA	
Post Office Address Same as above		
Full Name of Fifth Joint Inventor, if any Phi Nga Nguyen	Inventor's Signature <i>Phi Nga Nguyen</i>	Date 10/11/88
Residence 2300 Old Spanish Trail, Apt. 1032, Houston, TX	Citizenship USA	
Post Office Address Same as above 77054		
Full Name of Sixth Joint Inventor, if any	Inventor's Signature	Date
Residence	Citizenship	
Post Office Address		